#### DEPARTMENT OF SOCIAL AND HEALTH SERVICES

# Medical Assistance Administration Olympia, Washington

To: Outpatient Hospitals Memorandum No.: 02-98 MAA

Managed Care Plans Issued: January 15, 2003

Regional Administrators CSO Administrators

**For Information Contact:** 

From: Douglas Porter, Assistant Secretary 1-800-562-6188

Medical Assistance Administration (MAA)

Subject: Outpatient Hospitals - Year 2003 Changes and Additions to CPT<sup>™</sup> and HCPCS

Codes

Effective for dates of service on and after January 1, 2003, the Medical Assistance Administration (MAA) will begin using the Year 2003 CPT<sup>™</sup> and HCPCS Level II code additions as discussed in this memorandum. Maximum allowable fees for the Year 2003 additions are also included.

### **Old Codes**

All procedure code maximum allowable fees that are not listed in this memorandum remain at the July 1, 2002, level. **Do not use** CPT<sup>™</sup> and HCPCS codes that are deleted in the "Year 2003 CPT<sup>™</sup>," book and the "Year 2003 HCPCS" book for dates of service after December 31, 2002.

## **Maximum Allowable Fees**

MAA used the following resources in determining the maximum allowable fees for the Year 2003 additions:

- Year 2003 Medicare Physician Fee Schedule Data Base (MPFSDB) Relative value units;
- Year 2003 Washington State Medicare Laboratory Fee Schedule; and
- Current conversion factors.

Note: Due to its licensing agreement with the American Medical Association regarding the use of CPT<sup>™</sup> codes and descriptions, MAA publishes only the official brief descriptions for all codes.

Please refer to your current CPT<sup>™</sup> book for full descriptions.

 $\text{CPT}^{^{\text{TM}}}$  is a registered trademark of the American Medical Association.  $\text{CPT}^{^{\text{B}}}$  codes and descriptions are copyright 2002 American Medical Association.

<sup>\*</sup> CPT stands for Current Procedural Terminology

<sup>\*\*</sup> HCPCS stands for Health Care Financing Administration Common Procedure Coding System

## **Deleted CPT and HCPCS Codes**

The following codes have been deleted from the CPT and HCPCS books:

80090	85024	85595	88144	G0026	G0132
85021	85031	86915	88145	G0027	
85022	85585	87198	92525	G0050	
85023	85590	87199	92598	G0131	

## Radiology

#### **Bone Density Scans**

HCPCS codes G0131 and G0132 for bone density scans have been deleted and replaced with the following CPT codes:

Deleted HCPCS	СРТ	Brief	1/1/03
Code	Code	Description	Maximum Allowable Fee
G0131	76070	CT scan, bone density study	\$66.66
G0132	76071	CT bone density, peripheral	\$68.25

#### MRI

New magnetic resonance imaging (MRI) CPT code 76498 requires Expedited Prior Authorization (EPA) using the following 3-digit criteria code:

CPT Code	Brief Description	EPA Criteria Code			
76498	Unlisted MRI procedure	390			

For complete details on EPA requirements and instructions for creating an EPA number, please refer to the Authorization Section (section C) of MAA's <u>Outpatient Hospital Billing Instructions</u>, revised replacement pages dated July 2001. To view these billing instructions online, go to: <a href="http://maa.dshs.wa.gov">http://maa.dshs.wa.gov</a> and click on the "Provider Publications/Fee Schedules" link.

#### **Contrast Material**

MAA will cover the following new HCPCS codes established for contrast materials for nuclear medicine procedures at acquisition cost:

Procedure		1/1/03
Code	Brief Description	Maximum Allowable Fee
A9512	Technetiumtc99mpertechnetate	Acquisition Cost
A9513	Technetium tc-99m mebrofenin	Acquisition Cost
A9514	Technetiumtc99mpyrophosphate	Acquisition Cost
A9515	Technetium tc-99m pentetate	Acquisition Cost
A9516	I-123 sodium iodide capsule	Acquisition Cost
A9517	I-131 sodium iodide capsule	Acquisition Cost
A9518	I-131 sodium iodide solution	Acquisition Cost
A9519	Technetiumtc-99mmacroag albu	Acquisition Cost
A9520	Technetiumtc-99m sulfur clld	Acquisition Cost
A9521	Technetiumtc-99m exametazine	Acquisition Cost
A9522	Indium111ibritumomabtiuxetan	Acquisition Cost
A9523	Yttrium90ibritumomabtiuxetan	Acquisition Cost
A9524	Iodinated I-131 serumalbumin	Acquisition Cost
A9603	I-131sodiumiodidecap per mci	Acquisition Cost

## **Laboratory**

#### **Lab Multiplication Factor Change**

Effective January 1, 2003, MAA's lab multiplication factor is 0.81.

### **Thin Layer Pap Smears**

Laboratory CPT codes 88144-88145 for thin layer pap smears have been deleted and replaced with the following new CPT codes:

Procedure		1/1/03
Code	Brief Description	Maximum Allowable Fee
88174	Cytopath, c/v auto, in fluid	\$29.53
88175	Cytopath, c/v auto fluid redo	\$36.61

All pap smears are priced at Medicare's payment levels.

#### **Stat Lab Codes**

The following new laboratory codes are added to those eligible for an additional stat charge: CPT codes 83880, 84302, 85004, 85032, 85049, and 85380.

## **Therapies**

### **Audiologists**

The following procedures are added to those billable by an audiologist:

• CPT codes 92601, 92602, 92603, and 92604.

#### **Speech Therapists**

The following procedures are added to those billable by a speech therapist:

- CPT codes 92607, 92608, 92609, and 92610.
- CPT codes 92605 and 92606 are bundled.

## <u>Updated Sterilization Section</u>

MAA has updated the Sterilization section within the <u>Outpatient Hospital Billing Instructions</u>, dated October 2000. New Sterilization Consent Forms and instructions are included in the update. MAA is currently revising the entire <u>Outpatient Hospital Billing Instructions</u>; until they are finished, you can access the new replacement pages to the Sterilization section from MAA's website at <a href="http://maa.dshs.wa.gov">http://maa.dshs.wa.gov</a> (click on the Provider Publications/Fee Schedules link, then on Billing Instructions).

# **Fee Schedule**

Attached is the "January 2003 Maximum Allowable Fee Schedule for Outpatient Hospitals," containing coverage and maximum allowable fees for those new procedure codes pertaining to this program.

To obtain this memorandum electronically, go to MAA's website at <a href="http://maa.dshs.wa.gov">http://maa.dshs.wa.gov</a> (click on the Provider Publications/Fee Schedules link).

# JANUARY 2003 PROCEDURE CODES AND MAXIMUM ALLOWABLE FEES OUTPATIENT HOSPITAL

Effective January 1, 2003

Procedure	FS Setting	PA	Global Surgery	Asst At	Procedure	FS Setting	PA	Global Surgery	Asst At
Code	Fee	Req?	Days	Surgery	Code	Fee	Req?	Days	Surgery
			-	<u> </u>	•			*	
36416	2.45		000	N	0038T	B.R.		000	N
38204	Bundled		000	N	0039T	B.R.		000	N
38207	B.R.		000	N	0040T	B.R.		000	N
38208	B.R.		000	N	0041T	#		000	N
38209	B.R.		000	N	0042T	#		000	N
38210	B.R.		000	N	0043T	#		000	Ν
38211	B.R.		000	N	0044T	#		000	Ν
38212	B.R.		000	N	A9512	A.C.		000	N
38213	B.R.		000	N	A9513	A.C.		000	Ν
38214	B.R.		000	N	A9514	A.C.		000	N
38215	B.R.		000	N	A9515	A.C.		000	N
75901	42.32		000	N	A9516	A.C.		000	N
75902	42.32		000	N	A9517	A.C.		000	N
75954	B.R.		000	N	A9518	A.C.		000	N
76070	66.66		000	N	A9519	A.C.		000	N
76071	68.25		000	N	A9520	A.C.		000	N
76496	B.R.		000	N	A9521	A.C.		000	Ν
76497	B.R.		000	N	A9522	A.C.		000	Ν
76498	B.R.	EPA	000	N	A9523	A.C.		000	N
76801	25.71		000	N	A9524	A.C.		000	N
76802	18.20		000	N	A9603	A.C.		000	N
76811	87.13		000	N	A9699	#		000	N
76812	30.03		000	N	G0103	20.59		000	N
76817	35.72		000	N	G0107	3.64		000	N
83880	38.00		000	N	G0255	#		000	N
84302	5.44		000	N	G0256	#		000	N
85004	7.24		000	N	G0257	#		000	N
85032	4.81		000	N	G0259	#		000	N
85049	5.01		000	N	G0260	#		000	N
85380	11.40		000	N	G0261	#		000	N
87255	37.91		000	N	G0262	#		000	N
87267	13.43		000	N	G0263	#		000	N
87271	13.43		000	N	G0264	#		000	N
88174	29.53		000	N	G0265	#		000	N
88175	36.61		000	N	G0266	#		000	N
89055	4.78		000	N	G0267	#		000	N
92601	81.67		000	N	G0268	#		000	N
92602	57.10		000	N	G0269	Bundled		000	N
92603	54.83		000	N	G0270	#		000	N
92604	37.31		000	N	G0271	#		000	N
92605	Bundled		000	N	G0272	#		000	N
92606	Bundled		000	N	G0273	#		000	N
92607	68.02		000	N	G0274	#		000	N
92608	13.42		000	N	G0275	#		000	N
92609	36.86		000	N	G0278	#		000	N
92610	26.16		000	N	G0279	#		000	N
					1	-			-

CPT codes and descriptions are copyright 2002 American Medical Association

<sup># -</sup> Not Covered

PA – Written/FAX Auth

B.R. – By Report

EX – Expedited Prior Auth

A.C. – Acquisition Cost

# JANUARY 2003 PROCEDURE CODES AND MAXIMUM ALLOWABLE FEES OUTPATIENT HOSPITAL

Effective January 1, 2003

Procedure Code	FS Setting Fee	PA Reg?	Global Surgery Days	Asst At Surgery	Procedure Code	FS Setting Fee	PA Reg?	Global Surgery Days	Asst At Surgery
Code	1.66	Keq!	Days	Surgery	Code	1766	Req	Days	Surgery
G0280	#		000	N					
G0281	#		000	N					
G0282	#		000	N					
G0283	#		000	N					
G0288	#		000	N					
G0289	#		000	N					
G0290	#		000	N					
G0291	#		000	N					
G0292	#		000	N					
G0293	#		000	N					
G0294	#		000	N					
G0295	#		000	N					

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